

**Form IH-5**SF# 48834
2-05

Prescribed by the Indiana Department of Revenue

CLAIM FOR REFUND OF INHERITANCE AND ESTATE TAXES

Name of decedent

County of residence (or address)

Date of death (if known)

Pursuant to IC 6-4.1-10-1(a), the undersigned hereby makes claim for the refund of taxes paid in the above-indicated estate in the amount of _____ for the following reason:

I hereby certify that the tax was originally paid on the _____ day of _____, 20____, that the _____ County Treasurer issued receipt number _____, and that no part of the same has been refunded, except:

PLEASE ATTACH DOCUMENTARY
EVIDENCE TO SUPPORT YOUR
CLAIM WHERE POSSIBLE

Name of person making claim

Address

Person who paid the tax

Address

Note: Please mail completed form to: Indiana Department of Revenue, Inheritance Tax Division, P.O. Box 71, Indianapolis, IN 46206-0071